

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003088

FILED
Feb 10, 2004
Secretary of State

Entity Name: DEPARTMENT 56 RETAIL, INC.

Current Principal Place of Business:

6436 CITY WEST PKWY.
EDEN PRAIRIE, MN 55344

New Principal Place of Business:

Current Mailing Address:

6436 CITY WEST PKWY.
EDEN PRAIRIE, MN 55344

New Mailing Address:

FEI Number: 41-1893269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENGEL, SUSAN E
Address: 4207 E. LAKE HARRIET PKWY
City-St-Zip: MINNEAPOLIS, MN 55309

Title: VPSD () Delete
Name: WEISER, DAVID H
Address: 1787 HUMBOLDT AVE SO
City-St-Zip: MINNEAPOLIS, MN 55403

Title: SVP () Delete
Name: LINEHAN, ELISE
Address: 3705 ABBOTT AVE. SO.
City-St-Zip: MINNEAPOLIS, MN 55410

Title: VPD () Delete
Name: SCHUGEL, TIMOTHY J
Address: 3565 WOODLAND CT.
City-St-Zip: EAGAN, MN 55123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. SCHUGEL

VPD

02/10/2004

Electronic Signature of Signing Officer or Director

Date